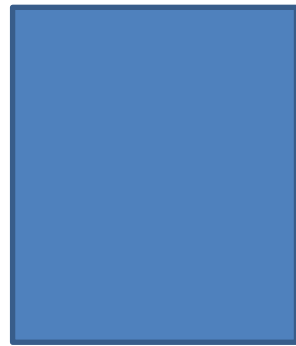




GROWTH LAW ACADEMY



Registration No

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Form No. _____ Date of Issue: __/__/__

(for office use only)

ADMISSION FORM

Particulars of students: (IN BLOCK LETTERS)

Surname: _____

Name: _____

Father name: _____

CNIC: _____ Date of birth: __/__/____ (DD/MM/YY)

Cell phone: _____ email: _____

Father's/Mother's Contact No: _____

Address: _____

Place of birth: _____ City: _____ Dist.: _____ State: _____

Physical problems/disability (if any): _____

Caste: _____ Regional language: _____ Religion: _____

Educational Information:

Name of the School/College last attended: _____

Degree: _____ Grade: _____ Percentage: _____

Course information:

Name of the Course: _____ Duration of Course: _____

Reference: _____

From where you know us: Social Media/ Newspaper/ Others

Admission fee: _____

Declaration:

I Mr. /Miss _____ declared that above information is true and correct.

Signature & Thumb Impression

NOTE: Please attach the following documents

- Attested copy of CNIC
- Two attested photographs
- Copy of Previous Result card
- Admission fee slip

Signature of Admin